

Propaganda-In-Action: How The Media Minimizes mRNA Vaccine Injuries



Dylan Eleven

Jul 7, 2023 19 min



DavidIcke.com

Dennis Riches | PropagandaInFocus.com

Propaganda is the Technocrat way of sowing confusion and doubt about what otherwise is self-evident reality. Some people call this “gaslighting”. Whatever you are seeing with your own eyes is miss-interpreted or miss-represented and therefore you should accept the propaganda as being true. This is blatant fraud, but

Subscribe

time after time, giving the reason why propaganda continues to be sprayed from a firehose. - TN Editor

I regard consensus science as an extremely pernicious development that ought to be stopped cold in its tracks. Historically, the claim of consensus has been the first refuge of scoundrels; it is a way to avoid debate by claiming that the matter is already settled. Whenever you hear the consensus of scientists agrees on something or other, reach for your wallet, because you're being had... Let's be clear: the work of science has nothing whatever to do with consensus. Consensus is the business of politics. Science, on the contrary, requires only one investigator who happens to be right, which means that he or she has results that are verifiable by reference to the real world. In science consensus is irrelevant. What are relevant are reproducible results. The greatest scientists in history are great precisely because they broke with the consensus. There is no such thing as consensus science. If it's consensus, it isn't science. If it's science, it isn't consensus. Period. – MICHAEL CRICHTON, LECTURE AT THE CALIFORNIA INSTITUTE OF TECHNOLOGY, PASADENA, CALIFORNIA, JANUARY 17, 2003. (1)

Within a few months of the SARS-Cov-2 vaccines being injected into millions of people, numerous types of adverse reactions were reported throughout the world. Information about adverse events became an object of intense denial and obfuscation by government agencies and state-funded and corporate-sponsored media, whether the information was in the form of rumors, amateur speculation, or serious scientific inquiry by qualified academics.

However, in 2023, government registries of vaccine injuries now reveal serious deficiencies of the vaccines designed to combat SARS-Cov-2. In a report published in the *International Journal of Vaccine Theory, Practice, and Research*, the authors analyzed data from regulatory surveillance and self-reporting systems in Germany, Israel, Scotland, the United Kingdom, and the United States “to find long-term adverse events of the COVID products that cannot be captured during the expedited safety analyses.” This extract from the abstract goes on to state:

Our data show, among other trends, increases in adverse event reports if we compare COVID products to influenza and pertussis vaccines and statistically significant higher numbers of hospital encounters in military personnel, as well as increases in incidences of thromboembolic conditions, such as menstrual abnormalities, myocarditis, and cerebrovascular events after the implementation of COVID injection mandates, compared to the preceding five years... Our meta-analysis of both national and international vaccine adverse events emphasizes the importance of re-evaluating public health policies that promote universal mass injection and multiple boosters for all demographic groups. In combination with informal reports from reliable witnesses, limitations of the safety trials, and the decreased lethality of new strains, our research demonstrates that the cost (both monetary and humanitarian) of injecting healthy people, and especially children, outweighs any claimed though unvalidated benefits. (2)

In this late phase of the event that started in 2020, governments and their various propaganda platforms cannot hide these adverse events and are now engaged perhaps in what can be called the “cooling the mark out” phase of the pandemic. An article in *The New Yorker* in 2015 discussed this sociological phenomenon (3). The term was used in a 1952 study by Erving Goffman to describe an important element of con artistry, but it also describes generally any social mechanism that is needed to help people adjust to material losses and humiliation. When a victim is forced to acknowledge he has been conned or ripped off, the perpetrators have to make some effort to help him adjust. Otherwise, he may do something “irrational” such as pursuing violent revenge, media exposure, criminal charges, or a lawsuit. He needs to be reminded that he still has precious things he could lose, so he has to just accept the loss and humiliation and go back to his wife and children. Governments are doing the same now: “Yes, there have been some rare adverse events. Get in line and fill out this form to apply for your legally entitled compensation. We will be with you shortly.”

Some of the adverse events are mild reactions such as fainting, dizziness, fatigue, and flu-like malaise lasting a few days—just like the viral infection itself, ironically enough. People under age seventy who had a 99.9% chance of recovering quickly from the infection chose instead to suffer this malaise, going along with the social coercion and accepting the unknown risks of vaccination (4). As if it were a scheduled elective

surgery, they were simply choosing the timing of when they were going to feel horrible —i.e. “I should get this over with now before my vacation.”

The less mild reactions are myocardial infarction, myocarditis, pericarditis, tachycardia, stroke, blood clots (embolism), aneurysm, tinnitus, Bell’s Palsy, Guillain-Barré Syndrome, transverse myelitis, cancer, heavy bleeding, menstrual irregularities, miscarriage, neurological symptoms, immune system disorders, skin rash, intense pain and numbness, memory loss, “brain fog,” and “inexplicable” sudden death. These conditions can be transitory or, like the last one on the list, permanent.

One can easily find peer-reviewed research papers that confirm the increased rates of these adverse health events after vaccination, yet a curious thing about them is that they often end very tentatively, including a phrase such as the one found in the extract below:

The number of reported cases is relatively very small in relation to the hundreds of millions of vaccinations that have occurred, and the protective benefits offered by COVID-19 vaccination far outweigh the risks. (5)

This tendency was also found in the recent Cochrane review on the efficacy of wearing masks (6). Instead of stating emphatically that in numerous studies there is no evidence to show a benefit in wearing masks, the authors concluded by stating all the ways that the studies they reviewed might contain some undiscovered flaws. It was like they were afraid of having made an important discovery that should change government policy.

Minimization, Exaggeration, Diversion and Distraction in Mass Media and Scientific Journals

Example 1: Putting a Positive Spin on Vaccine-Induced Cancer

Another such example, this one in the popular press, was the story told about the immunologist Dr. Michel Goldman in *The Atlantic* in September 2022 (7). As an advocate of many vaccines during his career, and in particular as a believer in the salutary effects of the mRNA vaccines, he was confronted with the images on a CT scan that showed lymphatic cancer spreading aggressively in his body soon after his

mRNA shots, both after the first two shots and then again after a booster shot a few months later. The cancer connection to the shots was hard to deny because the aggressive growth was extremely rare and also because the first shots were in the left arm and the cancer appeared on the left armpit. The booster was injected in the right arm, then the cancer appeared on the right side.

If the subject matter were not so dark, the article would appear to be a satire of people who can't think logically or change their views when confronted with new facts. The author, Roxanne Khamisi, goes to extreme lengths to describe the struggle she had to write the story in a way that would not lend support to those who spread "anti-vaccine disinformation." Dr. Goldman was just as determined, willing to see himself as one of the rare unfortunate ones who must suffer so that so many others may be saved by these supposedly miraculous new drugs.

As Piers Robinson's lessons on propaganda have taught us, the propagandist doesn't lie directly. Propaganda operates through exaggeration, omission, incentivization and coercion, and these are in evidence in *The Atlantic*, in this article, and in all of its coverage of the pandemic (8). Roxanne Khamisi selectively focuses on the most hyperbolic reactions from the "fearmongers [who] have made the problem worse by citing scary-sounding data from the Vaccine Adverse Event Reporting System... with insufficient context." She also had to mention that a vaccination center was set ablaze in Poland. Nowhere in the long article is there any mention of less radical reactions such as the hundreds of scientific papers describing adverse events—studies written by non-fearmongering sober-minded scientists. Such exaggeration and omission move the reader toward an acceptance of the necessity of mass vaccination.

Another facet of this propaganda is its use of what could be called "*The New Yorker*" genre of journalism. It is a "long read" piece (4,000 words) of narrative storytelling that uses the methods of fictional literature. It dramatizes the story arc of one individual, going deep into his biographical details, thoughts, and feelings. This is the genre that is natural and expected by the educated professional class of people who wake up on Sunday mornings and look for something serious to read, something that will make them feel smart before going back to the grind the next day. It is also a genre used by documentary filmmakers. They may have an important social problem to expose, but they have to find a person at the center of it and tell a story. Otherwise, the audience will tune out. The TED talks tell us it is hardwired in our brains. Humans are storytellers.

The New Yorker genre makes the educated class feel informed and serious: 4,000 words, a deep read, not the superficial stuff that the deplorables read in the *New York Post*! The length of the piece makes it likely that readers won't be using their time to read anything else. Most importantly, the use of this genre diverts attention away from the need for an objective understanding of a phenomenon that involves billions of victims. The writer and the subject, Dr. Goldman, say much about the need to understand the science and not inflame radical reactions from the so-called low-information types, but this genre is itself un-scientific, subjective, sentimental, and narrow in its scope.

The most stunning omission in the article is that neither the author nor Dr. Goldman makes the obvious logical conclusion that, considering both the apparent and the still unknown risks, mandatory or coerced vaccination is unethical, especially for a viral infection that 99.9% of people under age seventy can survive. After learning of what happened to Dr. Goldberg, persons in good health, if not propagandized to think otherwise, would logically decide in favor of taking their chances with an infection that will pass in a few days. This is especially true for people who, unlike Dr. Goldman, don't have a brother who is head of nuclear medicine at a university hospital and may not have timely access to the high quality of health care that Dr. Goldman had.

The article concludes thus:

And as a longtime immunologist and medical innovator, he's still considering the question of whether a vaccine that is saving tens of millions of lives each year might have put his own in jeopardy. He remains adamant that COVID-19 vaccines are necessary and useful for the vast majority of people.

Many would disagree and say that the vaccines are, at best, only for the non-vast minority of high-risk individuals who accept them with informed consent. Despite his own experience of suffering vaccine-induced aggressive lymphoma, Dr. Goldman believes that a vast majority of people should subject themselves to the risk of suffering the same fate. In September 2022, the time of publication, it had been officially acknowledged that the mRNA shots had not stopped the spread of the virus,

had not induced lasting immunity, and may not have lowered the fatality rate of the illness. Other possible explanations:

- (1) The virus harmed most of the vulnerable population before the vaccines arrived.
- (2) Doctors learned how to treat the disease without resorting to deadly practices such as delayed treatment, ventilators and Remdesivir.
- (3) The virus evolved into less deadly variants.

The purported benefits of the vaccines remain unprovable, and explanations (1)-(3) remain as matters of controversy.

Example 2: The Feint After Post-Vaccination Fainting

Other examples of this genre applied to the Covid-19 event are plentiful and easy to find in the media that have been funded by the Bill and Melinda Gates Foundation or sponsored by Pfizer and other hidden hands. I will describe just one more that shows that it was still being used in April 2023, three years on as the official narrative becomes untenable.

On April 10th, 2023, *NBC News* published a 3,400-word piece on the “fainting nurse” social media frenzy that occurred in December 2020 when frontline healthcare workers in the US started to receive the mRNA shots (9). The vaccination of nurse Tiffany Dover was recorded by a local television news crew because it was the big day when the savior vaccines had arrived to supposedly end the pandemic. Unfortunately, the cameras recorded her fainting shortly after receiving her injection.

The article describes how “conspiracy theorists” created an episode of “participatory misinformation” as they circulated her story on social media, exaggerated what the fainting meant, spread rumors of her death, and engaged in a campaign of harassment (a.k.a. doxing) (10). Tiffany remained steadfastly supportive of the vaccination program and believed that her fainting was inconsequential, yet she was traumatized by the doxing and chose to remain silent for two full years. Unfortunately, this choice only intensified the rumors of her death or of her enforced silence.

My critique of this article includes no support for the people who engage in doxing and wild speculation. My criticism is that this genre of journalism consistently associates all

disagreement with the official narratives as the work of wild-eyed, deplorable bullies. It consistently ignores the hundreds of scientists who are publishing peer-reviewed articles on vaccine injuries and questioning the abandonment of standard public health policy that started in 2020.

Brandy Zadrozny, the author of this article about Tiffany Dover, felt it was necessary to associate Tiffany's story with other instances of unhinged conspiracy theory such as the 2020 election being stolen from Donald Trump and the denial of the murders at Sandy Hook Elementary School. Thus, the very intentional implication here is that if you are concerned about the accumulation of medical journal articles describing a long list of vaccine-related injuries, think twice. You don't want to be dismissed as one of those cruel and deranged fools who have lost touch with reality. Your family, friends and colleagues are all being trained to ostracize you for wrongthink, so forget about it. You are the mark that needs to be cooled out.

Instead of treating the "participatory misinformation" campaign as a problem of the deplorables that the righteous must struggle to solve, the writers of such articles could start to wonder if there is some legitimate anger driving such regrettable phenomena. There were very sound reasons to worry about a pharmaceutical product being rushed to market in less than a year, especially one that was based on a novel biotechnology. Additionally, fainting, after all, is not always a minor incident, and it is rational to be concerned about it happening so soon after a medical treatment. Furthermore, it would not be unreasonable for a healthy person to decide he would rather risk infection with the virus than suffer side-effects from an unproven vaccine. Not everyone has the good fortune to faint "into the arms of two nearby doctors" (as the fainting was described in the article). Some people break bones and sustain skull fractures. Some people have their adverse reaction after they leave the clinic and are driving home. Some have it months later.

After more than two years since vaccinations began, it should have been clear that, because the mRNA treatments were not as safe and effective as promised, no one should have ever been coerced into taking them. Their heavy promotion, backed by well-funded propaganda campaigns of half-truths and bold lies, was unethical, as was the gaslighting, shaming and shunning of the people who demanded bodily autonomy.

However, at this late date, after so much has been officially admitted about the adverse effects, including death, the author claimed that Tiffany's story became a

rallying point for those “who falsely believe that vaccines are killing and injuring people *in droves*.” (italics added) Those last two words were probably chosen carefully because without them one could not say they “*falsely* believe.” It is a fact that they are killing and injuring people, but “in droves” may be ambiguous enough to make the statement passable for a quibbling fact checker. The sentence is now “partially true” if one wants to see it that way.

One can denounce the campaign of coercion and still let Tiffany have her proclaimed “belief” in the vaccines. The issue that should be discussed is the failure of medical ethics in public policy that led to the vilification of people who had a different belief. They did not want to submit themselves to a medical therapy that had been rushed to market with no long-term safety data to support its use. Despite the facts, this issue remains utterly invisible to the writers who specialize in this genre.

The final thing to mention about this article is that, like the article in *The Atlantic*, it uses the devices of fiction. It focuses on the emotional and physical condition of the subject and thus leads the reader to an engagement with her story. Her eyes are “wide and bright and terribly blue.” They are described again at the end of the article as “electric blue.” The writer emphasizes this because a post-vaccination photo of her was not lit well and her eye color was not visible, and this is what set off rumors that it was not really her in the photo. Nonetheless, the descriptions are unnecessary embellishments. Readers don’t need to know her hair dye choices, either, but these too were described. This news article about a controversial pharmaceutical product could also be reported without the accompanying glamor photos of the very photogenic victim. There are, after all, less glamorous and less fortunate victims of vaccination who suffered fates worse than fainting (11). Tiffany is alive and healthy, and she did not refuse to be filmed on the day of her vaccination. This isn’t really about a story about her fainting and its aftermath, however. The purpose of this genre is the feint—the fake out and distraction from what the public should really be paying attention to.

Example 3: Minimization in Scientific Journal Articles

Let’s return to the scientific journal articles. Concluding statements in scientific papers are not always about objective findings. They are interpretations and opinions by the authors, and they often seem to go in the direction of minimizing the problems revealed by the study. It has always been standard practice for researchers to be

humble about the impact of their work, for their conclusions may be disproven by subsequent research. Nonetheless, when it comes to any research related to Covid-19, excessive hesitancy and even fear are evident.

For some reason, the medical specialists authoring these papers never express alarm or suggest a halt to vaccination of individuals who are at low risk of suffering serious harm from the viral infection. Recall that the infectious mortality rate was found to be about 0.1%, more or less, depending on one's age. It is this low for healthy individuals and higher for the elderly and the unhealthy. As mentioned above, the rate became lower as doctors learned how to treat the infection and abandoned dangerous interventions. Another factor was the virus itself becoming less deadly.

Readers might respond that I am ignoring the millions of cases of "long covid," but my response is that there is no clinical definition for it, and it may be no different than the post-viral syndrome associated with influenza—a phenomenon which never aroused alarm in society before 2020. The alleged symptoms of long covid also overlap with adverse reactions to the vaccine, so if we must be concerned about long covid, we also have to object to the continued use of therapies that use the spike protein to induce immunity. Doctors are developing treatments for reactions to the spike protein, whether they came from the virus or the mRNA jabs. It is also likely that "long covid" is a side effect of "*long* type 2 diabetes" and various other chronic (i.e. *long* duration) illnesses that are the root causes of death by SARS-Cov-2.

The ritualistic minimization of vaccine injuries in the scientific reports is obviously an essential bow of fealty to the scientific priesthood. It is the modern equivalent of Galileo in the 17th century affirming the existence and greatness of God in order to, hopefully, have heliocentrism taken seriously. These researchers may feel privately that the matter is urgent, but they know that in order to shine any light on the issue in a respected medical journal, they will have to bow down to the official doctrine. They justify it as the only way to shine some light on the problem and change the system from within. If they really thought the matter was so trivial, they wouldn't study it. Medical personnel could just treat their patients without worrying about the speculative role vaccines might have played in their illnesses. A doctor treating a cancer rarely worries about whether it was caused by fallout from nuclear weapons testing because identifying this cause would make no difference in the treatment. Her job is to treat the patient. However, in the late 1950s, some doctors saw a reason to

speak out and create the political pressure that halted nuclear tests in the atmosphere in 1963.

The paper cited in the appendix below, to conclude this long essay, was chosen as an example of this minimization. It is concerned with liver diseases following vaccination. I found this one because recently I took note of the 15th mRNA-jabbed person in my social circles to suffer a severe health crisis since January 2021. In the two years before then, I knew of only one medical emergency among friends, family, and colleagues. In the 15th person's case, it was a pyogenic liver abscess that put him in the ICU and almost killed him.

In studies like this that conclude by minimizing the problem, there is an obvious problem in saying the number of cases is "very small in relation to the hundreds of millions of vaccinations." When one considers all of the research on adverse events in all other organ systems, one starts to think, as Yogi Berra said, "Little things are big." Yogi Bear was smarter than the average bear, and Yogi Berra, the "dumb" sage of baseball legend, was, it seems, far smarter than the average immunologist. Little things do start to add up. One case of lymphoma, or fainting, or liver disease may seem insignificant when seen in isolation, but when all the adverse events are seen together from a distance, along with a sharp rise in all-cause mortality, we can start to ask the right questions (12). They are similar to the questions we should ask about the compounding effects of numerous environmental toxicants and pollutants humans are exposed to. One chemical might be declared safe at a certain exposure, but what is the combined effect of hundreds of such chemicals? It looks like the harms are extremely rare only when cases and types of injuries are studied in isolation and the victims are also kept isolated.

We could also add Yogi Berra's other gems of wisdom that apply to the entire Covid phenomenon. When we find that not much has changed since Galileo's time, recall that Yogi Berra said, "it's like déjà vu all over again," and when you think about all that has happened since March 2020, remember he said, "the future ain't what it used to be."

References

1. J.R. Barrio, "Consensus science and the peer review." *Molecular Imaging and Biology*. April 2009, 11(5): 293. doi: 10.1007/s11307-009-0233-0. PMID: 19399558; PMCID: PMC2719747.
2. E. Romero, S. Fry, S., and B. Hooker, "Safety of mRNA Vaccines Administered During the First Twenty-Four Months of the International COVID-19 Vaccination Program," *International Journal of Vaccine Theory, Practice, and Research*, 2023, 3(1), 891–910. <https://doi.org/10.56098/ijvtpr.v3i1.7>
3. Louis Menand, "Crooked Psychics and Cooling the Mark Out," *The New Yorker*, June 18, 2015. "The classic exposition of the practice of helping victims of a con adapt to their loss is the sociologist Erving Goffman's 1952 article 'On Cooling the Mark Out.' ... 'After the blowoff has occurred,' Goffman explained, about the operation of a con, 'one of the operators stays with the mark and makes an effort to keep the anger of the mark within manageable and sensible proportions. The operator stays behind his team-mates in the capacity of what might be called a cooler and exercises upon the mark the art of consolation. An attempt is made to define the situation for the mark in a way that makes it easy for him to accept the inevitable and quietly go home. The mark is given instruction in the philosophy of taking a loss.' What happened stays out of the paper."
4. Angelo Maria Pezzullo, Cathrine Axfors, Despina G. Contopoulos-Ioannidis, Alexandre Apostolatos, John P.A. Ioannidis, "Age-stratified infection fatality rate of COVID-19 in the non-elderly informed from pre-vaccination national seroprevalence studies," *Environmental Research*, January 2023. This study found that Covid-19's infection fatality rate (IFR) by age was under 0.1% for those under 70. The breakdown by age was 0.0003% at 0-19 years, 0.003% at 20-29 years, 0.011% at 30-39 years, 0.035% at 40-49 years, 0.129% at 50-59 years, and 0.501% at 60-69 years.
5. S. Alhumaid et al., "New-onset and relapsed liver diseases following COVID-19 vaccination: a systematic review." *BMC Gastroenterology*, October 2022; 22(1):433. doi: 10.1186/s12876-022-02507-3. PMID: 36229799; PMCID: PMC9559550. The abstract states, "Mortality was reported in *any* of the included cases." Was the erroneous use of *any* in this sentence a typographical error or a deliberate ambiguity put into the abstract? There are three options for a correct interpretation: 1. Mortality *was not reported in any* of the included cases... 2. Mortality *was reported in many* of the included cases... 3. Mortality *was reported in all* of the

included cases. It is difficult to know the authors' intended meaning regarding this significant finding from their research. The sample sizes (six figures indicated as sample sizes, $n=x$) total 41 cases out of the 275 cases studied. This is a fatality rate of 15%, but it is difficult to know what the intended meaning of the 32 authors is, due to the ambiguity described above. One can conclude that *any of, many of, all of, or not any of* the authors read the abstract carefully before it went to press. In any case, even if there were no deaths, one could take issue with the statement that "patients were easily treated without any serious complications, recovered and did not require long-term hepatic therapy." Many patients would not feel so optimistic about having had such damage inflicted on a vital organ which is, considering the contemporary food supply and environment, already exposed to enough harm.

6. Tom Jefferson et al., "Physical Interventions to Interrupt or Reduce the Spread of Respiratory Viruses," *Cochrane*, January 30, 2023.
7. Roxanne Khamisi, "Did a Famous Doctor's COVID Shot Make His Cancer Worse? A Lifelong Promoter of Vaccines Suspects He Might Be the Rare, Unfortunate Exception," *The Atlantic*, September 24, 2022.
8. "David Miller and Piers Robinson, Propaganda—An introduction by David Miller and Piers Robinson," *YouTube Channel*. (3:25~), accessed April 15, 2023.
9. Brandy Zadrozny, "Conspiracy theorists made Tiffany Dover into an anti-vaccine icon. She's finally ready to talk about it," *NBC News*, April 10, 2023.
10. It is important to note that this phenomenon has many precedents that occurred long before social media existed. The Dreyfus Affair (1890s) and the death of Azaria Chamberlain in Australia (1980) are just two examples one could refer to. The latter one was the butt of several jokes in poor taste broadcast on mainstream media outlets (referencing the apocryphal phrase "A dingo ate my baby!") Back then, the incident was referred to benignly by the mass media as a regrettable "media circus." The panic in the mainstream media about the new panics is interesting in the way it views professional journalism as beyond reproach and "participatory misinformation" as an urgent new threat posed by irresponsible, out-of-control social media platforms and a monstrous new type of people that apparently did not exist in the past.
11. Megan Redshaw, "Vaccine-Injured Speak Out, Feel Abandoned by Government Who Told Them COVID Shot Was Safe," *Childrens Health Defense Fund*, November 3,

2021.

12. Ed Dowd, *"Cause Unknown": The Epidemic of Sudden Deaths in 2021 & 2022* (Skyhorse, 2022). Website: <https://www.theyliedpeoplelied.com/>: "Between March of 2021 and February of 2022, 61,000 millennials died excessively above the prior 5-year base trend line... The relative timespan and rate of change into the fall of 2021 is a signal that a harmful event occurred to this 25-44 age group. This means that millennials started dying in large numbers at the same times when vaccines and boosters were rolled out. The vaccine clearly had a role, as many previously hesitant folks were forced into compliance." Or see Aubrey Marcus, "[Why Are Healthy People Dying Suddenly Since 2021? w/ Ed Dowd](#)," January 5, 2023. (31:40~).

Source: <https://propagandainfocus.com/minimization-of-harm/>

Source: <https://www.technocracy.news/propaganda-in-action-how-the-media-minimizes-mrna-vaccine-injuries/>

Original Article: <https://davidicke.com/2023/07/07/propaganda-in-action-how-the-media-minimizes-mrna-fake-vaccine-injuries/>

Subscribe to Truth11.com

Receive Articles By Email

 [Subscribe now](#)

Support Truth11.com • Make A Donation

- Become A Subscriber

Armed With The Truth • United We Stand